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A State Medical Association on the Move

Part III: Goal-Directed Growth

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LIKE TODAY'S JUMBO JET LINERS, the state medical association of the seventies must have a carefully plotted course if it is to fulfill its multiple missions. With a skilled crew and sufficient fuel, both a jet and an association can get off the ground, but they run a high risk of losing their way in the turbulence unless a series of specific destinations has been scheduled in advance.

Medicine in California has always had a *basic* guidance system, spelled out in the California Medical Association's constitutional purpose established in 1856:

"To promote the science and art of medicine, the protection of the public health, and the betterment of the medical profession."

In recent years, however, California's medical leadership has identified a growing necessity to set specific guidelines for channeling the Association's resources and activities into well-defined areas of long-term commitment. Inevitably, crises of the moment affect the emphasis of the Association, but long-term goals ultimately keep the Association on its chosen course as well as reduce the number of crises.

CMA's current activities are increasingly geared to contribute directly to the fulfillment of seven basic goals:

- To improve the quality of health care and services.
- To expand the delivery and accessibility of medical and health care programs.
- To present Medicine's interest to government and other organizations.
- To strengthen CMA and its component medical societies as a statewide organization.
- To develop better informed public attitudes toward physicians and organized medicine.
- To improve the public's health knowledge and practices.
- To expand direct member services.

CMA is currently involved in the painful process of formalizing objectives and program priorities in relation to these goals. If an Association's program planning is to be successful, it must involve the greatest possible proportion of the membership. CMA Officers and Councilors, members of the House of Delegates, county society leaders and some 1,000 Commission and Committee members are the active program planners who are vigorously pursuing their continuing responsibility of seeing that the organization is fulfilling the needs of its membership in relation to a changing society.

Where does the organization now stand in relation to its seven basic goals? I believe that even a brief review of the way in which CMA is currently channeling its resources into identified areas of priority concern demonstrates the Association's potential for even greater goal-oriented growth throughout the challenging years ahead.

GOAL: To Improve the Quality of Health Care and Services

Statewide Peer Review Organization

It is only through well-documented performance that physicians can prove to society that

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quality medical care rests in a foundation of professional self-evaluation. CMA's number one priority is the implementation of a Statewide Peer Review Organization to coordinate, enhance and publicize the excellent local peer review programs throughout the state. Specifically, the statewide organization will utilize the historic peer review experience of California physicians in developing guidelines for all medical care review functions and make such guidelines available to all component medical societies, which can then use the ranges of criteria within the guidelines in their respective review processes. The information resulting from uniform collection of data with computerized analysis will also be of great assistance to CMA's expanding programs of continuing medical education—a fundamental objective of peer review. CMA's peer review efforts are being closely coordinated with its other major thrusts toward assurance of quality care: continuing medical education and medical staff surveys.

Continuing Medical Education

Since 1934, CMA has sponsored its own postgraduate education programs to keep physicians up to date. These and other programs are now responsible for nearly 50,000 hours of instruction yearly. For many years, CMA has served as a statewide center for coordinating and publicizing of postgraduate medical education sponsored by all participating organizations—hospitals, medical schools, etc. In 1970, CMA officially launched a program to certify physicians' accomplishments in postgraduate education and to accredit these and other learning activities. Over 6,000 physicians have begun participation in this voluntary certification program, and many hospitals in California are now requiring participation in the program for renewal of staff privileges. More than 300 community hospitals and other organizations have applied for CMA accreditation of their continuing medical education programs and activities. These accomplishments demonstrate the commitment of California's physicians to high quality of patient care through their own continuing study. CMA's Certification Program lodges within the medical profession, rather than in other hands, the task of assessing the adequacy of the continuing medical education of California's physicians.

CALIFORNIA MEDICINE, the official journal of the Association, is certainly a unique CMA contribution to continuing education of physicians—as scientists, as practitioners and as leaders in the social and economic aspects of medicine and health care. This publication continues to grow in stature and influence.

Medical Staff and Long-Term Care Surveys

Because CMA believes that communities ought to be assured that their local hospital medical staffs receive continuous review by practicing physicians, it became the first medical association in the nation to formalize a plan for medical self-government and self-evaluation. Through the program, practicing physicians from CMA's Medical Staff Survey Teams join local community physicians to evaluate the care rendered and reviewed by hospital medical saffs. The California Hospital Association made the survey a provision of membership in 1969; since its inception 11 years ago, the program has surveyed more than 650 hospitals.

CMA is currently embarking on a program of review to inspect the quality of care in nursing homes. In preparation for this expansion of the survey concept, the Association developed "Long-Term Care Review—A Statement of Principles," which is a corollary document to CMA's "Guiding Principles for Physician-Hospital Relationships"—now a national standard in its field.

GOAL: To Expand the Delivery and Accessibility of Medical and Health Care Programs

CMA sees this Goal as one of the most critical responsibilities facing organized medicine and is taking steps to intensify the involvement of California physicians in movements to improve health care delivery in disadvantaged areas. For example, a CMA consultation service was recently formalized to help identify and solve problems relating to the accessibility of care in both urban and rural areas. The service stimulates county societies to identify gaps in their areas' health care delivery systems and helps them to develop realistic and constructive solutions to these shortcomings.

Through the California Medical Education and Research Foundation (CMERF), a non-profit corporation supported by CMA, the Association is

able to provide financial assistance for innovative medical care programs in their early phases of development at the local level.

In addition, CMERF is often called upon to help component medical societies in developing grant applications for funds from private and public sources. During the past year, CMERF provided assistance to ten component societies seeking funds for a variety of purposes, including financing programs of health insurance for migratory workers and evaluating the effectiveness of neighborhood health centers.

One of CMA's major roles is to evaluate the strengths and weaknesses of current and emerging health care delivery systems. The Association continues to apply carefully developed criteria regarding organization and delivery of patient care to existing programs as well as to new proposals for state and national health care. Every effort is made to see that such programs and proposals are modified to be consistent with the provision of quality patient care. The Health Maintenance Organization concept, for example, has been a subject of intense scrutiny by CMA—not only because of its potential pitfalls, but because the rapid advent of HMO's may obscure the real question of what is the best way to meet the health care needs of a given population. Countless written and personal CMA contacts with state and national legislators as well as agency personnel are devoted to presenting the concerns and convictions of California's physicians regarding the pro's and con's of the host of current proposals for health care delivery and financing.

GOAL: To Present Medicine's Interest To Government and Other Organizations

State Governmental Relations

In recent years, CMA participation in the legislative process has dramatically expanded, as has its involvement with state agencies. In all its dealings with proposed legislation, whether initiated by itself or others, the basic test applied by CMA is simply: "Is it good for the patient?" If the answer is "yes," then CMA supports. CMA's batting average speaks for itself. Of the 80 bills supported by CMA in 1971, over 75 percent were enacted; four of these were CMA-introduced bills. Of 50 bills opposed by CMA, all but one were defeated or favorably amended. Major areas of concern were professional liability, health manpower, Medi-Cal, quackery, family planning, comprehensive health planning and public health.

At the same time as the Association actively follows some 200 bills per year, it maintains close contact with key members of the Administration, including day-to-day liaison regarding state regulations affecting patient care with the Departments of Health Care Services, Public Health, Mental Hygiene, Consumer Affairs, Welfare and Rehabilitation.

Federal Governmental Relations

One particular area which is receiving the highest priority is strengthening CMA's involvement at the federal governmental level—based on the premise that the expanding influence of federal proposals and programs on the practice of individual physicians must be dealt with at its sources in Washingtton, D.C. During 1971 CMA: conducted its annual visit to Washington, where our physician leaders personally met with nearly the entire California Congressional Delegation to keep them apprised of the Association's views on pending or proposed legislation; sponsored the first annual CMA Administrative Assistants' Conference on Federal Health Legislation; had periodic visits with key Congressional committee chairmen, such as House Ways and Means Committee Chairman Wilbur Mills, and numerous key HEW and Administrative officials and instituted a regular flow of written information between CMA and California's Congressmen. During 1972, CMA will expand its program of federal liaison by increasing Washington visitations to ten or twelve a year.

Communication and Coordination

CMA tries to involve as many physicians as possible in its legislative decision-making process. For example: every major specialty society is asked to designate two representatives to CMA's Legislative Commission; medical executives of county societies are routinely sent status sheets and other legislative material; the legislative committee chairman of each component society receives appropriate material in advance of each Legislative Commission meeting and is encouraged to provide the commission with the society's

viewpoints on specific bills being considered; all county medical societies are invited to send a representative group to Sacramento for an orientation session conducted by CMA.

Communications with the membership as a whole concerning legislative matters is receiving special emphasis. Both state and federal legislative news is transmitted to every member every three weeks via CMA *News*. In addition, special publications designed for key physicians within the State carry more in-depth coverage of both the state and federal scene.

CMA fosters close liaison with the American Medical Association in all activities, but the federal legislative area is receiving particular attention. For instance, CMA considers two-way communications between its Committee on Federal Legislation and AMA's Council on Legislation in advance of consideration of Congressional bills to be imperative.

GOAL: To Strengthen CMA and Its Component Medical Societies As a Statewide Organization

Actually, all CMA activities should contribute to this goal, because the organization's strength lies in the extent to which it responds to the needs of its members and the public. However, many of the Association's programs can be identified as specifically directed toward building the unity and vigor of organized medicine.

Communications with the membership play a major role in strengthening the organization, and CMA's communications take many forms:

- *CMA News*—mailed every three weeks to all members, with special issues devoted to such topics of current concern as HMO's and national health insurance.
- *Medical Executives Memo*—mailed weekly to 1,800 leaders of the profession.
- *Medical Staff Bulletin*—issued as needed to every hospital administrator and chief of staff in California.
- *Socio-Economic Reports*—issued monthly to CMA leadership and on request throughout the nation. These research publications cover a variety of vital subjects related to health care and its delivery.
- *News Service*—a monthly publication to provide information on CMA activities and programs directly to editors of county society and specialty society bulletins.
- *Statewide Meetings*—in addition to CMA's Annual Session, regular Council meetings and various conferences on special issues, the Association brings together the leadership from throughout the state at an annual Conference of Component Society Officers. Also, presidents of county societies gather for informal sessions with CMA officers two or more times each year. Another important type of statewide meeting sponsored by CMA is the Medical Executives Conference. Held in conjunction with Council meetings, these sessions provide an opportunity for staff members of county societies to exchange ideas and information among themselves and with members of the CMA staff.
- *Officer Visitations*—each year CMA's president and president-elect visit the majority of California's forty medical societies to maintain two-way communications with the "grass roots." The officers are accompanied by CMA Councilors and staff field representatives, whose job it is to maintain continuous contact with county societies.
- *Councilor Newsletters*—following each meeting of the Council, many Councilors send personalized communications to a mailing list of key physicians in their areas.
- *Medical Staff Meetings*—CMA leaders are giving greater emphasis to personal appearances at medical staff meetings held in the more than 600 hospitals throughout the State—a vital route to reaching those physicians who are not actively involved in their county society activities.

CMA devotes special attention to involvement of specialty societies and academicians in its activities. Since 1968, twenty-one advisory panels, which are composed of representatives of the eight medical schools and appropriate scientific specialty societies, have been activated within the Association's Scientific Board structure. Our advisory panels now involve more than 300 physicians. The panels have brought into being a unique forum and have begun to reduce the fragmentation of the profession to a remarkable degree. Such involvement has even drawn numerous prominent academic physicians to rejoin CMA after many years of lapsed membership. Interest in CMA's advisory panel structure has been widespread. Last year the AMA announced that it will have "Advisory Councils" to each of its 23 specialty sections in operation by 1973—patterned after the California model.

Looking to the future of the organization, CMA has also made great strides in active involvement of medical students, residents and interns. Students representing each of California's medical schools participate in CMA's Committee on the Role of Medicine in Society and 38 other CMA Commissions and Committees. These students, selected by their peers at each school, also attend AMA conventions and the CMA House of Delegates. The question of student membership in CMA is on the agenda for the 1973 House of Delegates.

California residents and interns have attended regional meetings designed to initiate a dialogue between CMA as an organization and this important group of potential members, with the objective of designing a membership program to meet the specific needs of these young California physicians.

Unity within organized medicine was a subject of widespread discussion and concern in California during this past year. Acting on direction of its House of Delegates, CMA conducted an informed opinion poll of the membership on the question of "unified" vs. "separate" membership in CMA and AMA. Thousands of CMA leaders communicated with their colleagues in advance of this poll, to assure that it would be truly "informed." Of the 16,334 physicians responding to the poll, 61 percent favored unified membership in their county society, CMA and AMA. Subsequently, the 1972 CMA House of Delegates officially reaffirmed its commitment to ". . . the requirement of unified county, CMA and AMA membership by all California physicians in order to maintain the integrity of a proud profession of responsible citizens able and willing to resolve problems inherent in an increasingly interdependent, socialized society."

Perhaps the best statement of the issue at stake came from the floor of the 1972 CMA House, when a prominent Scientific Board delegate defined it as ". . . whether or not the American Medical Association and the state medical association and the county medical association are really three separate organizations or whether they are one organization with three levels of activity." Although CMA's House overwhelmingly supported the concept of one organization, the consensus of the Association's leadership is that unity and strength in organized medicine is not a fact, but a goal, which CMA must constantly strive to realize to the fullest extent.

GOAL: To Develop Better Informed Public Attitudes Toward Physicians and Organized Medicine

In addition to accelerating its ongoing efforts to inform the public of the constructive action programs of California physicians to build a healthier state, CMA has recently launched a number of innovative projects designed to increase public understanding of the goals and activities of organized medicine. Our continuous public relations efforts include an average of three press releases each week and two radio news tapes a month, public presentations by our physician leaders and day-to-day contacts with representatives of all forms of media. Among CMA's newer approaches to establishing an informed public opinion base are the following:

• *TV Newsfilms*—This exciting television effort, in which one to three-minute color action films are prepared on major health issues and CMA's involvement in them, has been extremely well received by news programmers throughout the state. To date, these monthly films have dealt with CMA's certification program in continuing medical education, migrant health care efforts, drug abuse programs, contribution to sports medicine, peer review, combating alcoholism, and emergency medical care, to name just a few subjects. Each film is distributed to some 25 television stations throughout the state and is aired by at least half of them. They are shown during prime time—either the 6:00 p.m. or 11:00 p.m. newscasts which reach 70 percent of California households having TV sets. If CMA were to purchase this time for a year, the cost would run well over $100,000. Instead, broadcasters have picked up the films because they are newsworthy and professionally prepared.

• *Institutional Advertising* – During 1971, CMA began preparing messages on health issues —expressing CMA policy and actions—for full-page ads carried in the California editions of *Newsweek* magazine. Subject matter has included: the root causes of poor health, peer review, county medical society activities, ecology, drug abuse, venereal disease, national health insurance and quackery. To augment the impact of the *Newsweek* messages, reprints have been distributed to county medical society bulletins, the California Legislature, all members of Congress, mayors and other civic leaders and opinion-mak-

ers as well as being reprinted in CMA publications. The response thus far to these messages, especially from state and federal legislators, has been extremely favorable.

• *Radio News Service*—This recent addition to the Association's communications armamentarium gives California radio stations "no-charge" telephone access to CMA news items, features and health hints. It consists of actual taped interviews with physician experts in the fields covered which are recorded and broadcast by the stations. Based on the knowledge that we are getting an average of 65 radio station calls per week and on a postcard survey of 380 radio stations, CMA can estimate a minimum average weekly exposure of between 350,000 and 1,000,000 listeners, or an equivalent of almost $2,000 in air time.

Through these and other communication devices, CMA is endeavoring to create real public understanding regarding the aims and actions of organized medicine.

GOAL: To Improve the Public's Health Knowledge and Practices

CMA currently has a dozen active committees whose primary thrust includes educating the public as a means of preventing illness and maintaining health. Their names encompass the most pressing health problems of our time, including drug abuse, venereal disease, traffic safety, disaster preparedness, environmental health and alcoholism. Many avenues are used by CMA to reach the public with important health information in these and other vital areas—radio, TV, news releases, the *Newsweek* messages, and CMA's pioneering public education project, "Health Tips."

Launched in 1961 with a mailing to 89 recipients, "Health Tips" articles are now distributed *on request* to more than 6,000 outlets, including national news services, such as UPI; weekly, daily, and farm newspapers; labor and employee publications; business and industrial house organs; radio and television stations; public health agencies; physicians and county societies and most important, nearly 4,000 key school personnel. County medical societies and schools—kindergarten through universities—use the materials in a variety of ways: duplication and distribution to students and parents in entire school systems; health education course syllabi; health text books; teacher and school nurse education; and health fairs. Close to 300 different subjects have been covered by CMA "Health Tips," many of which have been translated into Spanish for California's Chicano population. Last year, a single "Health Tip" on gonorrhea generated requests for more than 50,000 copies.

GOAL: To Expand Direct Member Services

None of CMA's goals are mutually exclusive, but this final one is the broadest in the sense that all CMA activities should benefit its membership. With this particular goal constantly in mind, however, CMA can identify and improve services which *directly* benefit the individual member, as contrasted with the many Association programs which serve the profession and the public as a whole.

To assist the individual member, CMA offers or sponsors a variety of programs of economic importance to physicians:

• A flexible investment plan, which meets the requirements of the Keogh Act, with options of eight different mutual funds, an annuity plan or any combination of these.

• An outstanding new disability income program recently initiated, which provides up to $1,500 monthly disability income payable for the insured's lifetime if totally disabled due to injury, or to age 65 for illness disability. The competitive premium rates for this vastly improved disability income protection for CMA members are guaranteed for five years.

• Continuing and extensive efforts to effect a favorable resolution to the professional liability problems which confront physicians.

Last year a new reference book, *Professional Liability . . . Selected Medical-Legal Information for Physicians,* was prepared by the Association and distributed to every member. The booklet contains background information, sample consent and release forms and letters to assist practicing physicians. A demonstration project in patient arbitration, co-sponsored by CMA and the California Hospital Association, is seeking to develop a statistically accurate evaluation of the concept of arbitration in professional liability. Initiated in 1969, the project involves nine Southern California hospitals and their medical staffs. During the past three years, CMA malpractice legislative

activity has brought about passage of more than ten important bills to help alleviate the problem. In addition, CMA conducted an actuarial analysis of the liability situation, has sponsored regional professional liability workshops, urged the AMA to develop a specific department to provide a national focus on professional liability problems and provides assistance to component societies as requested.

• Development and updating of the *Relative Value Studies,* a means of accurate communication between individual physicians and insurance carriers, providing for specific identification of medical services.

• The Physicians' Benevolence Fund, through which CMA provides short-term assistance for physicians and their families in times of economic need. The Fund also helps to support the Physicians' Home and Elizabeth Manor Sanitarium in Los Angeles. No other state medical association has provided means for similar facilities.

• CMA's Physician Placement Service, which publicizes an average of 800 openings a year in its monthly bulletin. Last year alone, 18,000 copies were mailed to physicians throughout the nation and 170 positions were filled in California as a direct result of this service.

• CMA's field staff, whose members not only assist county societies to become more effective and stronger, but also actively seek to identify new ways in which CMA can be of more assistance to individual members.

The foregoing represents only the highlights of the goal-directed growth CMA is currently experiencing. As Executive Director of this dynamic organization, I must admit a certain amount of pride in the aims and accomplishments of CMA. The thousands of physician-hours devoted to CMA programs are resulting in healthier, safer Californians, and helping to keep our state one in which a physician can be proud to carry on the tradition of his profession. It has been said that California is leading the way for Medicine in the United States. If this is so, the credit must be divided between the progressive pioneer doctors of early California whose organizational purpose is as relevant now as it was in 1856, and the California physicians of the 20th Century, who are continuing to look toward the future with determination and strength.

NAIL CHANGES IN CHRONIC RENAL DISEASE

Fingernail changes are common in patients with chronic renal disease, and identification of these changes may help to differentiate acute from chronic renal disease. A narrow one to two mm dark band at the distal portion of the nail combined with a relative paleness to the proximal nail, as described by Terry, is common in patients with chronic renal or hepatic disease. It is not a specific sign, and there are false positives. When the dark band occupies 20 percent or more of the nail band, this is called the "half and half nail." When this is present, the patient usually has chronic renal disease. Muehrcke described the double or paired white bands in patients with hypoalbuminemia. These or a single band or line have been observed in patients with renal failure.

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